

# Jones House Community and Cultural Center Wedding/Reception Form

Person making arrangements (Responsible Party) \_\_\_\_\_

Title \_\_\_\_\_

—

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ (day) \_\_\_\_\_ (night)

Email \_\_\_\_\_ Alternate number \_\_\_\_\_

\_\_\_\_\_

Contact Person (if other than bride or groom) \_\_\_\_\_

Title \_\_\_\_\_

—

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ (day) \_\_\_\_\_ (night)

Email \_\_\_\_\_ Alternate number \_\_\_\_\_

\_\_\_\_\_

Will this person be present at all times during the event? \_\_\_\_\_

If not, who will be present and in charge when the contact person is not present? \_\_\_\_\_

\_\_\_\_\_

Type of Event \_\_\_\_\_

Date of event \_\_\_\_\_ Time of event \_\_\_\_\_

Set-up time/day \_\_\_\_\_ Clean-up time/day \_\_\_\_\_

(No supplies or food may be brought into the building prior to the scheduled time of usage, nor left afterwards.)

Please allow adequate time for set up and clean-up when reserving the building.)

Room(s) to be Used or Decorated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Estimated Number Attending

\_\_\_\_\_

Caterer's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Will you be serving alcohol? \_\_\_\_\_ Type \_\_\_\_\_

Bartender's  
Name \_\_\_\_\_  
Date and number of alcohol permit \_\_\_\_\_

Other Professional (Performer, DJ,  
etc.) \_\_\_\_\_  
Type of Service  
\_\_\_\_\_

Telephone  
Number \_\_\_\_\_

If there will be music, sound amplification, or any other noise impact, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

The sound equipment of the Jones House Community Center may only be set up and operated by pre-approved persons who are appointed by the Executive Director. If these services are requested, the hourly fee must be paid directly to the appointed sound technician at the end of the event. The Jones House equipment is capable of playing a single CD or an audio-tape. We do not recommend that sound be used inside the building.

Will you need sound equipment? \_\_\_\_ What time will this need to be set up? \_\_\_\_  
How long will you need the sound equipment? \_\_\_\_

How many microphones will be needed? \_\_\_\_

Do you plan to use a CD or an audio-tape? \_\_\_\_

Contact Person for Sound Needs \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (night) \_\_\_\_\_

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**Please attach a complete schedule of all plans and activities (from setup through cleanup) with times and event details.**

**List below all furniture you would like to move (permission must be granted):**

- Rental of the entire building is required for private events.
- A cleaning deposit is required for all private meetings and receptions and may be refunded at the discretion of the Executive Director.
- Plans to serve alcohol must be approved in advance by the Executive Director and an additional alcohol deposit is required and may be refunded at the discretion of the Executive Director.
- A staffing fee is required for all private events and is payable directly to the staff person at the completion of the event.
- If sound equipment is to be used, an hourly fee is to be paid to the appointed sound technician is required for all private events and is payable at the completion of the event.

Any fees owed for exceeding the scheduled hours will be deducted from the applicable deposits. Failure to comply with the rental policies of the Jones House Community Center will result in the forfeiture of all deposits. All monies are deposited with the Town of Boone and refund checks are issued through the town. A \$20 fee will be charged by the town for returned checks.

**THE ARRANGEMENTS LISTED ABOVE ARE INVALID WITHOUT THE FOLLOWING SIGNATURES:**

I have received a copy of the Jones House Community Center Usage and Rental Policies and have read them and agree to all conditions and requirements outlined therein.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Responsible Party)

I have met with the appropriate parties listed above and approve all activities described herein.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Executive Director)

Payment Record:			
Deposits:			
Date pd _____	Amount pd _____	Accepted by _____	
Rental Fee:			
Date pd _____	Amount pd _____	Accepted by _____	
Assigned Staff person _____	Phone _____		
Assigned Sound Technician _____	Phone _____		

CONDITION of Premises following Usage

\_\_\_\_\_  
\_\_\_\_\_

Staff Signature \_\_\_\_\_ Date Inspected \_\_\_\_\_

Deposit Refunded (amount) \_\_\_\_\_

Date Refund Authorized to Town of Boone \_\_\_\_\_

Notes: